

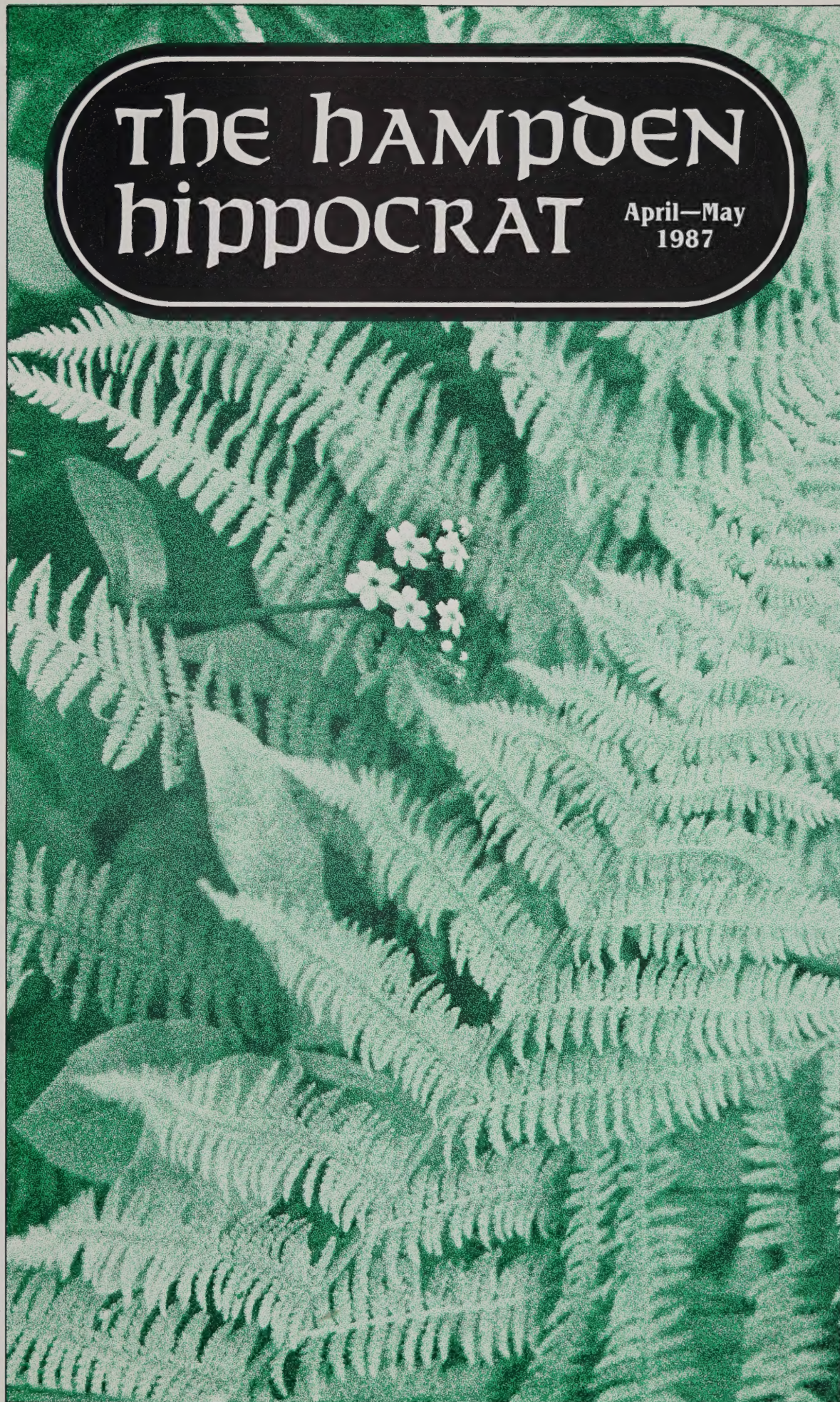
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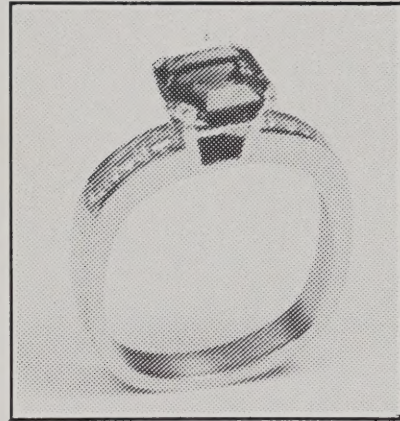
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THE HAMPDEN HIPPOCRAT

VOLUME XXXXIII NO. 3
APRIL—MAY 1987

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HAMPDEN DISTRICT MEDICAL SOCIETY 1897-1988 SEASON

ANNUAL MEETING

PLACE: CARRIAGE HOUSE
Old Storowton Tavern
West Springfield, MA

DATE: Tuesday, April 28, 1987

BUSINESS MEETING: 6:00 p.m.

SOCIAL HOUR: 7:00 p.m.

DINNER: 7:30 p.m.

SPEAKER: HOWARD L. LANG, M.D.
Chairman; Governing Council of AMA Hospital
Medical Staff Section

SUBJECT: The AMA Hospital Medical Staff Section

NOTE: If you must cancel your dinner reservation, call the office before noon on April 28th. If the cancellation is not made, you will be BILLED for your dinner.

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APRIL—MAY 1987

VOLUME XXXXIII NO. 3

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D., and William A.R. Chapin, M.D.

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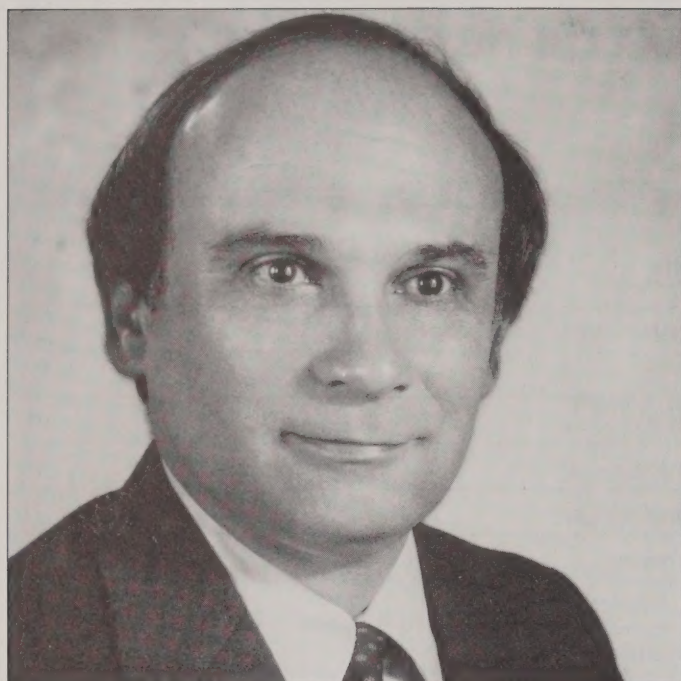
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.

All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, Mass. 01109; Telephone: 736-0661.

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HDMS President's Message

Board Regulations-New Nightmares?



Gregory A. Slachta, M.D., President

Normally, I am reasonably optimistic that over a period of time, we, as a Medical Society and as individual practicing physicians, can take control of our destiny and protect our patients in providing the quality health care they have learned to expect. I must admit, however, that protecting quality care and access to care in the Commonwealth has become almost a full time job for all of us. The perversity of costly regulation makes it more and more difficult to provide a quality product at a reasonable price. After all, that's what the Federal Government tells us. They want a quality product at a reasonable price. Then government, state and

federal, goes out, puts restraints on price and continues to increase the overhead in time and dollars to provide that care. It chooses consciously to allow an avarice tort system to steal our professionalism and our ability to provide financial security for our families. To add insult to injury, our Governor, through his administration, has implemented regulations to guarantee quality to the citizens of the Commonwealth. It, as the Federal Government does, monitors outcome. It gives extremely little credence to the fact that quality care cannot be monitored by outcome, but by the means that that outcome was reached. Ah yes!, they say, but outcome screening will allow us then to go back and review the process retroactively that led to the bad outcome. I would have confidence in that if I felt that the Board of Registration in Medicine had the capability of reviewing that outcome in that context. I do not. It does not have that capability and it will never develop that capability.

One of the difficulties I have in these regulations, the Board's inability to be able to assess quality of care with outcome, relates to recent actions of the Board in stripping several physicians of licenses on a suspension basis while fact-finding was occurring. The presumption of guilt and the Board's inability to evaluate the impact of volume, call schedules and normal high risk outcomes, makes it difficult for me to believe that these regulations will be outlined in a professional fashion.

No, peer review belongs at one level and that is within the hospital. But then you ask, "Haven't we always been judged by outcome?" In a sense, we have. The malpractice liability crisis has indeed been one of evaluating outcome. Surely there are cases of gross negligence but for the most part, we have been judged by maloccurrence and patients' expectations of their disease process that exceeds our abilities to change. This is simply a reinforcement of society's desire for a one-sided perfection.

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An unrealistic expectation at best; but what is the real fallout from this new system? The real fallout, in my opinion, will be decreased access to care, shifting of the care of high risk patients and decreased availability of needed high risk procedures. No one physician will be able to afford to care for too many high risk patients with poor outcomes.

There are already rumblings of not covering emergency rooms, both because of the rates of liability insurance as well as the implications of the new regulations. Yes, we will all have the same exposure then, when one covers an emergency room, to a high risk patient coming through the door. But the patient will have lost the ability to call a physician who is not on that roster that day and hence loses personal freedoms that they have known and learned to expect. It's sad, but inevitable. I believe there will be a continued exodus from and a diminished immigration of physicians into the Commonwealth. I believe John Larkin Thompson's assessment of physician glut will, even to his eyes, be reinterpreted as a miscalculation of the data.

Let me say that if, for one minute, I believed that these new patient safety regulations would have a long term or even momentary guarantee of improved patient care, I would embrace them with enthusiasm. On the contrary, I believe the long term effect will be detrimental to the care of the people of the Commonwealth.

In defense of the legislature, I do not believe that this overburdening regulatory mandate of the Office of Consumer Affairs was intended with the passage of Chapter 351 legislation. Many that I have spoken to are chagrined that this has been implemented in this fashion. I believe that it is appropriate to place the responsibility for this administrative nightmare at the doorsteps of our Governor and his administration and in particular, his Secretary of Consumer Affairs, Paula Gold. Ms. Gold, a former Assistant Attorney General

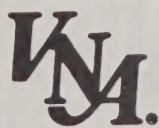
under our past Attorney General Francis Bellotti, truly believes, from her limited knowledge of medical care, that she is helping the people of the Commonwealth. I truly hope she will be honorable enough to assume the responsibility for the continued destabilization of quality care in the Commonwealth. As an aside, Ms. Gold, when in Springfield last year, advised me that the problem that doctors have is they don't know how to compromise and they would not be in this mess if they knew how to cut a political deal. Well, Secretary Gold, I do believe that the Medical Society in dealing with the Administration and the Legislature, did compromise significantly its principles for tort reform, but did attempt to maintain the quality of and the access to care for the citizens of the Commonwealth. But if this is your idea of compromise, then I offer you a philosophy of one of my partners. "Fool me once, shame on you. Fool me twice, shame on me." I personally go on record then as having been fooled once. I do believe that the Secretary of Consumer Affairs does fall on historic precedent, however, in the implementation of these regulations. The Board as well exemplifies this historic precedent dating back to the 1600's in the Commonwealth. These were known as the Salem Witch Trials. Secretary Gold's new regulatory environment certainly is consistent with the Salem witch hunts.

"When nothing seems to help.

I go and look at a stonecutter hammering away at his rock perhaps a hundred times without as much as a crack showing in it.

Yet at the hundred and first blow it will split in two, and I know it was not that blow that did it—but all that had gone before."

Jacob Riis



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Shield "Blues"

The following is the text of a statement made by Dr. Broder at the recent hearing convened by State Senator Linda Melconian on Blue Shield of Massachusetts.

Senator Melconian, Ladies and Gentlemen,

I appreciate the courtesy you have shown me in inviting me to participate in these proceedings. I know that many others have also been asked to speak and I'll be brief. In my appearance, I wear two hats; one as the institutional representative of the Department of Medicine at Baystate Medical Center as it fulfills its overall responsibilities of delivering high-quality care to all its patients, the other as the Chairman of the Department of Medicine's 160-plus physicians. As I have functioned in both these roles for the past 5 years, I have clearly perceived that the worsening impasse between Blue Shield and our physicians has resulted in a dreadful situation where *everybody* loses: physicians, Blue Shield, but most distressingly our patients.

First I'd like to speak wearing my hospital hat. Let me explain how one important aspect of the orderly delivery of patient care in our hospital—the interpretation of important diagnostic tests—has gotten caught in the mess you are trying to resolve. Each day hundreds of patients at Baystate Medical Center undergo important and sophisticated tests, some as familiar to you as electrocardiograms, others less familiar but equally important, such as lung function tests, brain waves, muscle stimulation tests, exercise tests, echocardiograms, and so forth.

These studies are vitally important to our patients since their results help our doctors make correct diagnoses and plan appropriate treatment. In order for this to happen, these tests must be immediately reviewed and interpreted by appropriately trained specialists in internal medicine, cardiology, pulmonary disease, and neurology.

These specialists work seven days a week and their efforts have contributed to our reputation as an academically respected regional referral center affiliated with Tufts University School of Medicine, as well as the major provider of primary

care and virtually the sole provider of care for the medically indigent in this part of the State. The physicians we choose to provide these interpretive services are carefully selected because of their training and experience and we are proud of the quality of their work.

Until now we could plan on reimbursement for their work on behalf of Blue Shield patients from Blue Shield, because they were individually enrolled with Blue Shield as participating physicians. We are now faced with major defections from their ranks as these talented physicians give up in disgust and resign from Blue Shield.

As a result we are forced to set up complicated systems to separately identify Blue Shield patients and provide separate and parallel interpretations systems for them, and our reimbursement from Blue Shield for these efforts is in doubt, since Blue Shield *theoretically* is not able to deal with non-participating physicians. At least I *used* to think that until I read the newspaper several days ago, and discovered that when it suits Blue Shield's purposes (as it apparently does with the Springfield municipal employees' contract) it is quite able to set up a mechanism for having its policy holders cared for by non-participating physicians.

How shall Baystate Medical Center now feel as we struggle to deal with a Blue Shield requirement (apparently forced on it by law but also apparently modifiable) that *all* physicians providing the interpretive services I previously mentioned be so-called participating Blue Shield providers? How long must we put up with an archaic rule that makes it harder for us to maintain a single high standard of care for *all* patients, regardless of medical insurer? What useful purpose related to patient care is *really* served by "locking out" physicians, by building barriers to the care of Blue Shield patients? I submit that *no* useful purpose is served and that Blue Shield

continued

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itself has already recognized this by bowing to the will of several large and effective subscriber groups and reimbursing non-participating physicians.

I submit that times have changed significantly since the creation of the Blue Cross-Blue Shield program in this state many years ago, and that the lock-out feature of Blue Shield is now correctly seen by all as a hazard to the health of Blue Shield patients. The lock-out should be ended *now* by whatever legislative action is required. Doing so will be a big step forward in clearing the poisoned atmosphere that now hangs over Blue Shield-physician relationships and will make it much easier for *all* hospitals, including Baystate Medical Center, to provide a single high-quality level of care for *all* their patients.

Wearing my doctor's hat I'd like to close with a few brief comments about the poisoned atmosphere I just referred to. I moved here 5 years ago from Cleveland, where my colleagues and I interacted frequently with Blue Cross-Blue Shield of Northeast Ohio. Issues of mutual concern to physicians and Blue Shield were *always* coming up; some related to fees others to Blue Shield Administrative practices, delays in payment, computer snafus, reimbursement for new procedures, and so forth. The doctor-insurer relationship was not necessarily always harmonious and was occasionally adversarial but it generally worked. Strongly held opinions on both sides were listened to, compromises were made, and disputes eventually ironed out. I have been appalled at how different it's been

here in western Massachusetts. I know things are tough in health care all over, and I know that the issues are complex. But I also know the physicians in my department who have finally thrown in the towel with Blue Shield.

I know them to be highly principled professionals who care a great deal *about* their patients as they care *for* their patients. I admire their skill and integrity and am proud to be associated with them. They have been systematically ignored by Blue Shield, whose officials have failed time and again to meet with them and treat them with the courtesy and respect they deserve. The issues here are not just fees—make no mistake about it. They are far more basic, involving principles of open communication and dialogue that are apparently in short supply in Blue Shield headquarters. My colleagues are willing to talk to Blue Shield, but are tired of being ignored. And so they're leaving Blue Shield, and I'm not surprised. It's a no-win situation for everyone, but especially for your constituents—our patients. I know you share my concern and hope the information you get here today will help you draft legislation that will address these problems so that we can get on with the important business of health care.

Many thanks for your kind attention. ■

Martin I. Broder, M.D., F.A.C.P.
Chairman, Department of Medicine
Baystate Medical Center

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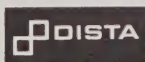
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EXECUTIVE COMMITTEE

The Executive Committee met monthly except in July and August with all meetings held at Society offices and Dr. Slachta, President, presiding at all meetings. Agendas were prepared by the President and Carol Nystrom, Executive Secretary. Mrs. Betty Lynch, HDMS Auxiliary President represented the auxiliary at the meetings. Monthly membership reports were prepared by Mrs. Nystrom and these and all pertinent medically oriented newspaper articles were available at every meeting for the Committee Members.

On Monday, April 21, 1986 a state-wide Doctor's Day was observed, having been initiated by Hampden Auxiliary.

Major topics of discussion included Malpractice Bill proposed by the State Insurance Committee passed on May 14; need for increased Public Relations budget; Medicaid Program participation and license renewal linked with Medicaid; proposed clinic grant for Central High School and approval of 1987-88 budget.

During the year Dr. Guardione was appointed to serve on Mass. Medical Society's Health Planning Committee; Dr. Mark Mullan was named to replace Dr. O'Neill as Legislative Committee chairman, and Dr. Robert Goodman, Assistant Secretary. Dr. Cahill resigned as President-Elect.

The St. Maarten's trip account was closed out and the balance designated for Public Health Committee's use in prenatal core TV spot.

Medi-file cards produced by MMS Auxiliary were accepted, distributed to Committee and then the membership.

The Committee voted to boost the stipend to Scholarship Committee for the scholarship awards.

Carol Sarno, office secretary, resigned in October and was replaced by Pat O'Neil in December.

In January, Mrs. Stoler, librarian of the Springfield Academy of Medicine reported for the Portrait Committee that the Physi-

cian of the 80's Portrait had been completed and at her request the Portrait was displayed at the January District Meeting.

The Committee supported Dr. Slachta's development of an Ad Hoc Staff Section Committee which would establish strong relations with area hospitals. Support was given for the Spring, 1987, "Pride in Medicine" Essay contest to be judged by representatives of Hampshire, Franklin and Hampden Districts.

All Committees functioned well during the year.

William W. Walthall, Jr., M.D.
Secretary

PUBLICATIONS COMMITTEE REPORT

Forty five years after it was founded we hope that The Hampden Hippocrat continues to bring you news, views and comments of interest about local, state and national medical issues. We have brought you controversy, fact, even fiction and would again like to encourage anyone who has an opinion to air to submit their thoughts.

We regret to announce that Dr. Bill Baker's tour of duty is ending and wish to express our sincere thanks for his energy and dedication to The Hippocrat. Dr. David Page has agreed to join the Editorial Board in his place.

Our thanks for all the help from the Hampden District Medical Society office, the folks at Rainbow Graphics and all the many businesses and individuals who support us with their advertising.

William J. Baker, M.D.
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TAX SUPPORTED MEDICAL CARE

There have been no meetings of the District committee on Tax Supported Medical Care. However, Walter Pacosa and the chair have been attending regularly the meetings of the MMS Committee. The recruiting of physicians for Medicaid participation, a cooperative effort between the state government and MMS, has worked well in Hampden District. While activists express dissatisfaction with the degree of physician participation in some specialties, neither I nor the HDMS office are aware of any Medicaid clients who were unable to obtain medical care.

The recruiting effort has been made markedly easier by changes in attitude of the present administration from past behavior. The fee schedules for office and for maternity care have been upgraded to at least tolerable levels. Surgical fees, including gynecology, are still woefully inadequate. Some groups are attempting to compel 100% participation by encumbering the DON process. MMS is opposing this.

Walter F. Tauber, M.D.,
Chairman

SCHOLARSHIP COMMITTEE

The Scholarship Committee met and reviewed applications from medical students for financial aid.

Eleven students received a total of \$600 each from two separate funds. Five of these students are female.

Request for scholarship application forms are being filled for the 1987/88 school year.

William Coen, M.D.
Chairman

DR. MAX & IDA L. MILLMAN FOUNDATION

Scholarship loans are also available to medical students through the Dr. Max and Ida Millman Foundation. Five students received \$650 each from this account for the 1986/87 school year. Of the five applicants, two were female. Donations from members and friends of the Millman Family have been received during the year.

William Coen, M.D.
Chairman

PUBLIC HEALTH COMMITTEE

The Public Health Committee of the Hampden District Medical Society concentrated on infant mortality, teen pregnancy and nuclear war prevention over the past year. The very compelling and rapidly evolving public health issue of A.I.D.S. was being sufficiently addressed by ad hoc organizations in our community, so it was not investigated.

Infant mortality in Springfield decreased slightly to 12.4 per thousand compared to the previous year despite a slight increase in the state's mortality from 8.9 per thousand in 1984 to 9.11 per thousand in 1985. The principal cause of infant mortality continues to be low birth weight/prematurity. An alarming trend in both state and local statistics was the fact that black infant deaths were almost three times higher than white infant losses over the past year. The Committee meets regularly with Springfield Health Commissioner John Cipolla and we have recommended that he develop the Smith Clinic as a resource to help private obstetricians care for medically indigent patients. This would involve the provision of ancillary services—social service/W.I.C., etc.—in a physician's office or at the site of the Smith Clinic.

In Springfield approximately 450 teens have given birth each year since 1980; nearly 200 of them were school age and 35-40 were 15 years old or younger. These teens account for about 20% of the infant mortality. The Committee addressed this issue with a letter to the School Department in Springfield suggesting that the proposed Central High School Clinic provide a basic instructional course in human sexuality. The course should deal with psycho-social, medical and contraceptive aspects of sexuality.

A coalition on infant mortality and teen pregnancy has been working over the past ten months in Springfield with assistance from our Committee. The report of this coalition was reviewed and its recommendations favorably received. Copies of these recommendations are available on request.

Finally, the Hampden Medical Society purchased some of the "Beyond War" video tapes on nuclear war prevention. These have been offered as a resource for the Springfield School Department in their Social Studies courses. They are also available to members of the Hampden District Medical Society or other school departments as resource material.

James F.X. Egan, M.D.
Chairman

MEMBERSHIP COMMITTEE

As Chairman of the Membership Committee I am here to let you know that in the past year thirty new members joined our Society while fifteen moved to a Senior status. This brings the census of the members of our Hampden District Medical Society to a total of six-hundred twenty-five individuals and of these, four-hundred eighty-three are paying members. To the above we have added thirty physicians in the Resident status and six Medical Students.

Let me state that my work would be absolutely impossible without the tremendous help provided me by the staff. They are indeed responsible for our success.

Franco M. Navazio, M.D.
Chairman

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MEDICO-RELIGIOUS COMMITTEE

The primary activity of the Medico-Religious Committee was a presentation of the second forum on Medical Ethics, held on September 17, 1986. We were fortunate to have Professors Thomas Shannon and Ruth Smith from Worcester Polytechnic Institute as principal speakers.

Approximately 180 allied professionals attended the forum. The presentation of the speakers and the panel was well received by the audience. The Committee is at present in the process of organizing the third annual forum to be held in the fall of this year.

James G. Fitzpatrick, M.D.
Chairman

MEDIATION COMMITTEE

The Mediation Committee met intermittently, irregularly and as infrequently as possible, to mediate, conciliate, adjudicate and otherwise dispose of various complaints. These are often submitted by patients about physicians; but with increasing frequency are from physicians about other physicians. Eighteen such disputes were addressed by the Committee this year and most settled in a manner mutually satisfactory to both parties. Cases mediated by the Committee total 104 for the past five years. Annual activity has been remarkably consistent: 1981—17; 1982—24; 1983—21; 1984—7; 1985—17; 1986—18.

Committee members are thanked for their interest, tolerance and patience.

Kenneth M. Frankel, M.D.
Chairman

MEDICO-LEGAL AFFAIRS COMMITTEE

No significant matters came to the attention of the Medico-Legal Affairs Committee during the past year.

Lester, Frank, M.D.
Chairman

EDUCATION AND LIBRARY COMMITTEE

The Committee on Education and Library is completing the sixth year as a responsible body for the Springfield Academy of Medicine, having met eight times throughout the year.

Sixteen lectures offering CME credits have been sponsored by the Academy this year.

In February the Academy received the grant from Mass. Medical Society in the amount of \$11,832.00 which will aid in offering quality library services to all members of HDMS.

I wish to extend my thanks to Dr. Gregory Slachta and the HDMS Executive Committee for their continued support and concern throughout this past year.

Dr. Harrison D. Willcuts
Chairman

BYLAWS COMMITTEE

The Bylaws Committee did not meet during the 1986-87 year since no request for a bylaws amendment was forthcoming from the membership or the Executive Committee. However, as a member thereof, your chairman advised the Executive Committee on bylaws matters from time to time.

Bruce B. Stoler, M.D.
Chairman

continued

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Annual Reports

continued from previous page

LEGISLATIVE COMMITTEE REPORT

1986 was a busy year legislatively, as a tremendous number of issues, influencing almost every aspect of our practice of medicine, have been dissected and delivered to us in a variety of decisions and pieces of legislation. Among those have been the following:

1. The Malpractice Reform Legislation of 1986 passed in a form which seemed to create a great deal of uncertainty and left a significant amount of language still to be corrected. Its effect on future malpractice rates is unclear even now that the new rates/costs for July 1987 have been determined. Government officials feel strongly that they helped play a part in moderating expected increases. Certainly the Board of Registration's powers have been both widened and strengthened. Their recently released Patient Care Assessment Regulations are a brutal example of their expanding powers. Its requirements are detailed in a recent Medical Society mailing and involve credentialing, monitoring of quality and competence, direct reporting to the Board of a variety of incidents and administrative responsibility of quality/risk management.

2. The Federal Omnibus Budget Reconciliation Act of 1986 was passed and had a great influence on Medicare reimbursement, physician fees, decisions to participate or not participate in Medicare, promptness of payment, as well as reimbursement for a number of ancillary medical services. Attempts to force postponement of the date initially given as a deadline for a decision on participation were initially legally granted, but the extension was eventually overturned despite the degree of complexity the new regulations presented.

3. A variety of legislative initiatives have been proposed regarding the current incestuous relationship Blue Shield has with its participating physicians. Numerous bills have been filed which include a non-participating option for physicians as a main feature. Unfortunately, much of the steam for these bills has come from the Western part of this State and it doesn't appear likely to "catch on fire" elsewhere.

Among the issues to be debated in the upcoming year are the potential merger of Blue Cross/Blue Shield, the non-participating option, further corrective language of Chapter 351, discussion of the Medicaid Agreement and possible tying in of licensure and participation and proposals of the Department of Public Health relative to a variety of financing and delivery issues.

Regardless of the particular issues it is becoming increasingly clear that on both state and federal levels the degree of regulation of the profession is going to increase by leaps and bounds. It is thus imperative on the part of the physicians to keep those cards, calls and contributions to our legislatures coming so that our voices will be heard.

Mark J. Mullan, M.D.
Chairman

PUBLIC RELATIONS COMMITTEE

This year the Public Relations Committee has continued in its efforts to respond to various questions and issues directed to the Society by the local news media, including local television stations and newspapers. The various members of the Society have been extremely helpful in responding to these requests, especially the publicity surrounding malpractice insurance rates and the Blue Cross Blue Shield participation in the Greater Springfield area.

I feel that most recently the publicity we have received regarding the Blue Cross Blue Shield participation has increased the public's awareness of the problem and has helped them understand the valid reasons as to why physicians in this area are leaving the program. My impression is that the message is getting to the state legislators.

One of my major goals as Chairman of the committee will be to establish a long range plan for public relations in the Hampden District. The plan will include an active speaker's bureau to meet face to face with civic organizations in the Greater Springfield area and also a program to highlight specific involvement of physicians in community programs. I feel that our public awareness must not be directed only to crisis situations, but also should include the activities of the Society and its members on a day to day basis.

Hopefully, this presence will enhance our image and will give the public a truer perception of our interest in the community. This effort will be long range and slow to develop, but it can be constantly built on as we progress.

As Chairman of the committee I will be contacting some of you to help in this regard. I feel that our efforts will be rewarded.

John Papale, M.D.
Chairman

AUXILIARY COMMITTEE

Last October, Dr. Gregory Slachta spoke to the Auxiliary at a luncheon meeting about malpractice and medical insurance.

The favorite event of every year, the Holiday Tea was held in December.

All during the year, the Auxiliary was tuned in to legislation and helped the Medical Society whenever necessary.

Doctor's Recognition Day will be observed again this year on March 28, 29 and 30.

The Auxiliary will be taking a year of restructuring next year as will be explained to the entire membership at the Annual Meeting in April.

Peter P. Lynch, M.D.
Chairman

continued

Annual Reports

continued from previous page

INSURANCE COMMITTEE

PROFESSIONAL LIABILITY

If the provisions of chapter 351 are followed by the insurance commissioner and by the J.U.A., most members will receive three bills for Malpractice Insurance in the near future. Two bills may arrive at the same time. Physicians will be charged the difference between what they have paid and what the final rate is for the rate year 1986 - 1987. Physicians will be billed the short fall of years 1983 - 1986. This will be one fifth of the total with 11% interest. The starting time of the interest component has not yet been determined. Chapter 351 mandates that future premiums will be concurrent. Physicians will therefore be billed for the full 1987 - 1988 premium on time. Most physician's anniversary dates with the J.U.A. are the first half of the year (July - December). It is possible that a physician who started practice on July 1 could receive all three bills in the same mail!

Hearing on the 1985 - 1986 period start November 1, 1986, and have not yet yielded rates. If one reads the law correctly, both 1986 - 1987 and 1987 - 1988 rates must be set before July 1, 1987.

A number of important, practical issues are uncertain at this time.

Chapter 351 is reasonably clear as to who will be excused from paying the shortfall - dead, retired physicians over 65, and interns and residents who escape from Massachusetts are not liable for 1983 - 1986. What is not clear is the liability of physicians whose status in the eyes of the J.U.A. may have changed between 1983 and 1987. The wording of the law (Chapter 351) would seem to say that the shortfall on July 1, 1987 will be calculated as a total and then divided by one fifth. This amount will then be apportioned among the physicians then in practice and divided by the numbers in each risk category. The individual in risk group VII on July 1, 1987, be charged as a category VII for that installment regardless of what his category was in 1983 - 1986 or for that matter whether or not he was in practice in 1983 - 1986. This writer has received two informal communications from the J.U.A. on this subject. One source indicates that the above scenario will in fact be the case and the second indicates that physicians will be charged according to the risk category they

held between 1983 and 1986. This is an important issue that will, hopefully be clarified before November and July 1.

All practicing physicians will be required to carry malpractice insurance. Lower and higher limits than the customary 1/3,000,000 amounts will be possible. We will attempt to obtain from the J.U.A. the Mass Experience in terms of the range of settlements and judgements for different risk categories. This information should assist individual Physicians in determining how much Malpractice Insurance to carry.

DISABILITY INSURANCE

Lester Burdick Inc., has recently increased limits on both disability and office overhead plans available to members of H.D.M.S. An option of an additional lump sum payment on returning to practice is also available. The AMA and American College of Surgeons have both recently increased the total amount of disability insurance they will write. (their own plus what ever else the physician may have.)

LIFE INSURANCE

Group Term Life Insurance to \$300,000 is available through the M.M.S. plan with Lester Burdick, Inc. for physicians, their families, and their employees. Myriads of other plans are also available.

HEALTH INSURANCE

H.D.M.S. members have more options for health insurance now than has been the case for many years. Most of the IPA's, HMO's and PPO's offer health insurance to physicians and their employees. The Burdick Plan is available to members and their families.

BCBS plans are available through their "Provider Group" and organizations such as small business groups and the Chamber of Commerce.

Taken as a whole, insurance costs for most of us exceed all other personal and professional expenses. Physicians are urged to review all insurance matters carefully at last once a year. Outside advice is best obtained from someone other than a person selling an insurance product. ■

Lorne C. Smith, M.D.
Chairman

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Letter To The Editor

Dear Physician

The Visiting Nurse Association of Springfield (VNAS) is under seige. The attack is coming from the Health Care Financing Administration (HCFA) and our regional fiscal intermediary, Blue Cross of Maine. Paperwork has skyrocketed, costs have increased, staff morale has plummeted and patient care has been significantly cut back. Increasingly restrictive interpretations of Medicare guidelines have had a two-fold negative impact on the ability of the VNAS to meet the early discharge and home health care needs of your patients. First and foremost, third party reimbursement for needed home health care for your Medicare patients has become unduly restrictive and arbitrary. Our liaison nurses assigned to Baystate Medical Center's Social Service Department and other hospitals must scrutinize home health referrals not based on your medical judgement and orders, not based on professional nursing assessment—but rather on Medicare's interpretation of nebulous terms such as "homebound, skilled care and medically reasonable and necessary treatments." The paradox of early hospital discharge, coupled with an increasing number of outpatient services at the same time that Medicare is decreasing reimbursement for home health care, is ludicrous.

Secondly, an avalanche of retroactive denials—Medicare's

refusal to pay for services rendered with your approval, and in good faith by the VNAS, are then determined by Blue Cross of Maine to be ineligible for payment—have thrown the VNA into an unrelenting reimbursement crises.

We need your help! Medicare guidelines require the VNAS to obtain doctor's orders on admission of a patient and every 60 days thereafter. We send you these orders with a self-addressed stamped envelope. Please sign and return them as soon as possible.

Additionally, as we receive more and more denials, the VNAS is adopting a vigorous campaign of appeals. We may be requesting that you send us a letter to accompany our appeals, justifying the care provided to your patients based on your medical opinion of the patient's condition, diagnosis and prognosis.

We know you, like us, are drowning in an increasing sea of bureaucratic paperwork. We are uncomfortable adding to your burden but your cooperation is critical to our success and the subsequent well-being of your patients. Thank you for your time and patience. ■

Maureen Skipper, R.N., MBA
President

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Welcome New Members

Aloysius Davis, III, M.D.
115 W. Silver Street
Westfield, MA 01085

BORN: August 12, 1951
PREMED: Michigan State
MEDICAL: Harvard U. Med. School
INTERNSHIP: W.V.U. Medical Center
RESIDENCY: W.V.U. Medical Center
SPECIALTY: Psychiatry

Abhijit Desai, M.D.
1441 Main Street
Springfield, MA 01103

BORN: February 11, 1949
PREMED: St. Xavier's College
MEDICAL: Seth Gordhandas Sunderdas
INTERNSHIP: Bridgeport Hospital
RESIDENCY: N.Y. Hospital
FELLOWSHIP: N.Y. Hospital
SPECIALTY: Anesthesiology

Adam A. Gallucci, M.D.
781 Carew Street
Springfield, MA 01104

BORN: March 12, 1955
PREMED: Clarkson College
MEDICAL: SUNY
INTERNSHIP: St. Joseph's Hospital, N.Y.
RESIDENCY: U. of Michigan Hospital
FELLOWSHIP: U. of Mass. Med. Ctr.
SPECIALTY: Anesthesiology

Stanley Konefal, Jr. M.D.
125 Liberty Street
Springfield, MA 01103

BORN: July 5, 1949
PREMED: John Hopkins
MEDICAL: Tufts U. Med. School
INTERNSHIP: BMC
RESIDENCY: BMC; St. Christopher's
FELLOWSHIP: St. Christopher's
SPECIALTY: Pediatric Surgery

Robert B. Nicholl, M.D.
130 Maple Street
Springfield, MA 01103

BORN: April 24, 1948
PREMED: Bucknell U.
MEDICAL: Hanhemann Med. School
INTERNSHIP: BMC
RESIDENCY: Monmouth Medical Center
SPECIALTY: Internal Medicine

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SUBJECT: Echocardiographic Ultrasound

DATE: May 19, 1987

WHERE: Providence Hospital

TIME: 9:00 a.m.-4:00 p.m.

CME CREDIT: 6 Hours Category 1,
Springfield Academy of Medicine

Dr. Kingsley is a Consultant, Echocardiology Laboratory in the Metropolitan Hospital, Philadelphia, PA. Also Consultant, Noninvasive Diagnostic Ultrasound Laboratory in West Jersey Hospital, Camden, N.J. He is trustee, program director and faculty member, National Foundation for Non-Invasive Diagnostics, Princeton, New Jersey. Also, Program Director and Faculty Member of Practical Diagnostic Ultrasound Seminars, Princeton, N.J. as well as Consulting Editor for Medical Electronics and Data, Pittsburgh, PA.

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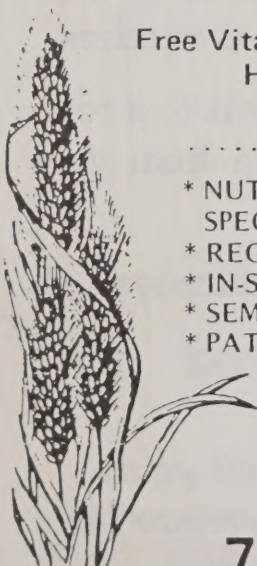
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Welcome New Members

continued from previous page

Alan J. Stark, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: April 28, 1940
PREMED: Franklin & Marshall College
MEDICAL: NYU School of Medicine
INTERNSHIP: King's County Hospital
RESIDENCY: King's County Hospital;
Columbia/Presbyterian
SPECIALTY: Radiation Therapy

Warren L. Thau, M.D.
305 Bicentennial Highway
Springfield, MA 01118

BORN: July 31, 1950
PREMED: SUNY
INTERNSHIP: Millard Fillmore Hospital
RESIDENCY: Millard Fillmore Hospital
FELLOWSHIP: Erie County Medical Center
SPECIALTY: Internal Medicine/Endocrinology

Paul D. Titus, M.D.
300 Stafford Street
Springfield, MA 01104

BORN: August 20, 1940
PREMED: Houghton College
MEDICAL: U of NY
INTERNSHIP: U of KY
RESIDENCY: U of KY; U of Michigan
SPECIALTY: Orthopedic Surgery

Jeffrey H. Zapolsky M.D.
Wing Memorial Hospital
Palmer, MA 01069

BORN: January 6, 1956
PREMED: Columbia College
MEDICAL: U of Rochester Med. School
INTERNSHIP: Rochester General Hospital
RESIDENCY: St. Vincent's Hospital
SPECIALTY: Radiology

continued

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Welcome New Members

continued from previous page

Ashley T. Coopland, M.D.
Dept. OB/GYN
759 Chestnut Street
Springfield, MA 01199

BORN: October 18, 1932
MEDICAL: U. of British Columbia 1958; Royal College of Phys. & Surgeons of Canada 1962
INTERNSHIP: Vancouver Gen. Hospital
RESIDENCY: Canadian Gorces Hosp., Ontario 1962-63
OB/GYN Winnipeg Ontario Hosp. 1964-65
FELLOWSHIP: Hematology/OB/GYN, Winnipeg Gen. Hosp. 1965-67
SPECIALTY: OB/GYN

Theodore J. King
222 Carew Street
Springfield, MA 01104

BORN: May 12, 1939
PREMED: Capital U. & U. of Cincinnati
MEDICAL: U. of Cincinnati College of Medicine
INTERNSHIP: E.J. Meyer Memorial Hospital, Buffalo
RESIDENCY: Lahey Clinic
FELLOWSHIP: Tufts Med. Ctr.
SPECIALTY: Internal Medicine, Pulmonary

K.V.R. Mohan Rao
222 Carew Street
Springfield, MA 01104

BORN: January, 13, 1947
PREMED: India
MEDICAL: Karnatak U., India
INTERNSHIP: St. Vincent's Med. Cntr., N.Y.
RESIDENCY: St. Vincent's Med. Cntr., N.Y.
FELLOWSHIP: N. E. Deaconess Hospital and Lahey Clinic
SPECIALTY: Internal Medicine, Pulmonary

Ajit Kumar, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: March 6, 1956
PREMED: Jaqamarlal Inst. of Post Grad. Ed & Research, India 1972-73
MEDICAL: Jaqamarlal Inst. of Post Grad. Ed & Research, India 1973-79
INTERNSHIP: Harlem Hospital, NYC 1984-85
RESIDENCY: BMC, 7/85 to present
SPECIALTY: Anesthesiology
RESIDENT:

Russell Gombosi, M.D.
Dept. of Pediatrics
759 Chestnut Street
Springfield, MA 01199

BORN: January 23, 1960
PREMED: Dartmouth College, 1978-82
MEDICAL: Hershey Med. School 1982-86
INTERNSHIP: BMC, 7/86 to present
RESIDENT:

William Reed, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: May 24, 1942
PREMED: Harvard, 1960-64
MEDICAL: Harvard Medical School 1964-68
INTERNSHIP: Stanford U. 1968-69
RESIDENCY: Stanford U. 1972-76
FELLOWSHIP: Stanford 1969-70
Institute Gustave-Roussy, Paris 1976-77
SPECIALTY: Oncology

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Springfield Academy of Medicine's Health Sciences Library Report

For many reasons this year has been a memorable year for the Springfield Academy of Medicine.

In April, the Board of Directors decided that the library should provide the capability of Medline searches to the membership. Consequently, in July, I attended a five day training course offered at Dartmouth College by Medlars (NLM) for Medline Searching. In September, searches were made available to the members. Thus far, eight searches have been satisfactorily filled for a minimum cost to each requesting member.

Beginning in October, Dr. George Pelletier and I made a series of visits to the local colleges to inform them of the services offered by the Academy and to stimulate more student interest in using the facilities.

In January, the Academy was proud to present to the HDMS at their dinner meeting the 1936 - 1986 Physicians Portrait which will be added to the present collection of six portraits

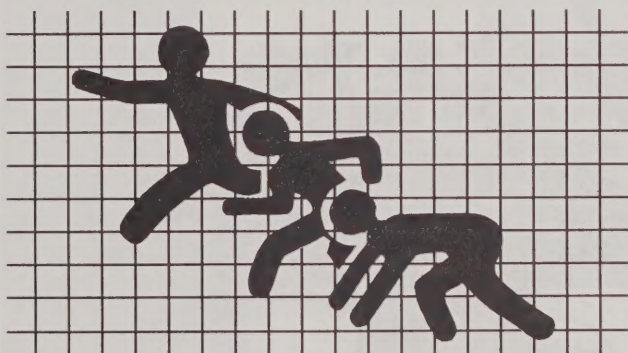
depicting the changes in medicine during fifty year periods from 1636 when the city was settled. The portrait is on display at the library and will be available for display from time to time at various city locations.

In March, I submitted by resignation to be effective in June. The last five years have been exceeding rewarding for me and I would like to take this opportunity to thank all of the Board members throughout the five years for always responding promptly to cries for help and advice from a somewhat harried librarian.

I would also like to express my appreciation to all the members of the HDMS Executive Committee under which I have served over the past five years.

Margaret Stoler
Library Director

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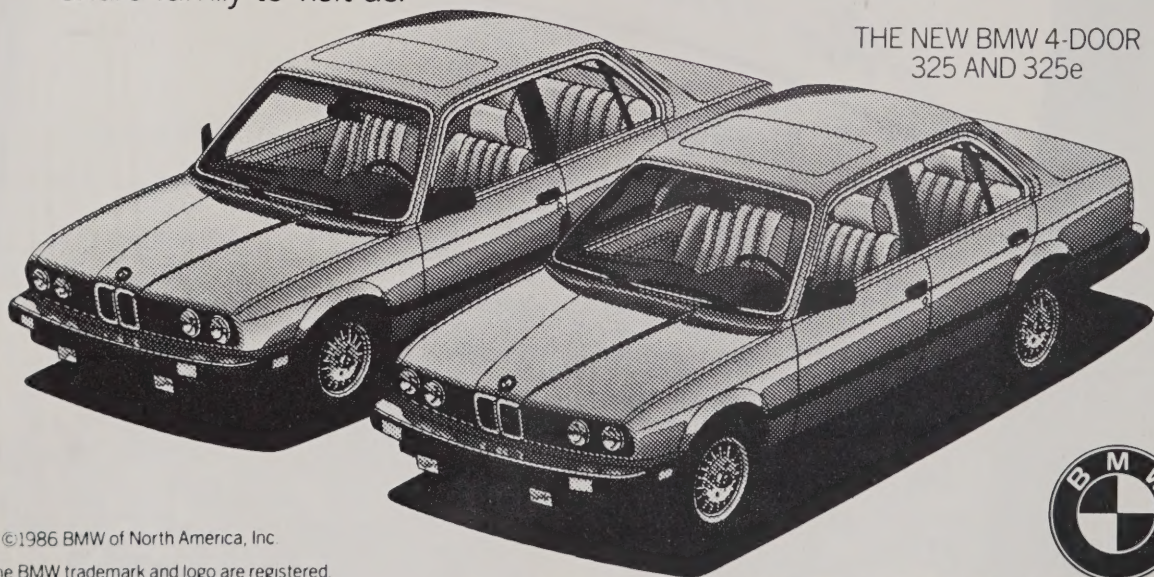
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